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## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

15653

Application ID:

10064064

Title of Invention:

**INFLATOR** 

First Named Inventor:

Shoichi SAWA

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

Effective Receipt Date:

2002-06-06

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

086142-0521

cn=Michael D. Kaminski, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

qUAeWZaBzN+bzYENRNcjHA==

Total Fees Authorized:

\$824.0

Payment Category:

DA - Deposit Account

**Deposit Account Number:** 

190741

Deposit Account Name:

\bnh

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## TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket

086142-

Number:

ber: 0521

Submission Type: Utility Patent

**Filing** 

## **INFLATOR**

First Named Inventor: Shoichi SAWA

SUBMITTED BY

Name:

Michael D. Kaminski

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32,904

Electronic Signature Mark: MDKA

Date Signed: 20020606

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Attached Files:

bibd-transmittal

ePAVEapds.xml

fee-transmittal

ePAVEfee.xml

specification

efs086142-0521.xml

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## FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

## **TOTAL FEES AUTHORIZED: \$824**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

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SUBMITTED BY

Authorized Name:

Bonita Huber

Electronic Signature Mark:

\bnh

Date Signed:

20020606

### **BASIC FILING FEE**

| Fee Description    | Fee Code | Fee Paid |  |
|--------------------|----------|----------|--|
| Utility Filing Fee | 101      | \$ 740   |  |

Subtotal For Basic Filing Fee: \$ 740

### **EXTRA CLAIM FEES**

|                       | Fee Code | Fee   | Extra Claims | Fee Paid |
|-----------------------|----------|-------|--------------|----------|
| Total Claims: 19      | 103      | \$ 18 | 0            | \$ O     |
| Independent Claims: 4 | 102      | \$ 84 | 1            | \$ 84    |